

FILED JUL 8 - 1955

STANDARD CERTIFICATE OF DEATH

State File No. 18235

| | | | | | | | |
|--|--|---|--|---|--|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. 119 | | PRIMARY REG. DIST. NO. 5436 | | Registrar's No. 20 | |
| 1. PLACE OF DEATH a. COUNTY Gasconade | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Gasconade | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Boulware Twp | | c. LENGTH OF STAY (In this place) 43 yrs | | c. CITY OR TOWN Bay, Mo. | | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Farm Home | | | | e. STREET ADDRESS (If rural, give location) Bay, Mo. Route 0370 | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Fred | | b. (Middle) | | c. (Last) Ruegge | | 4. DATE OF DEATH (Month) (Day) (Year) June 26, 1955 | |
| 5. SEX male <input type="radio"/> | | 6. COLOR OR RACE white | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married | | 8. DATE OF BIRTH Oct. 17, 1877 | |
| 9. AGE (In years last birthday) 77 | | 10. UNDER 1 YEAR Months Days | | 11. UNDER 24 HRS. Hours Mins. | | 12. CITIZEN OF WHAT COUNTRY? USA | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming | | 10b. KIND OF BUSINESS OR INDUSTRY farm | | 11. BIRTHPLACE (City and State or Foreign Country) Hope, Mo. | | 12. CITIZEN OF WHAT COUNTRY? USA | |
| 13a. FATHER'S NAME August Ruegge | | 13b. MOTHER'S MAIDEN NAME Wilhmine Nullmeyer | | 14. NAME OF HUSBAND OR WIFE Emma Hilkemann Ruegge | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no | | 16. SOCIAL SECURITY NO. none | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Emma Ruegge Bay, Mo. | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocardial Degeneration ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis, generalized DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 4222 | | | | INTERVAL BETWEEN ONSET AND DEATH 1 yr 5 yrs | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) | | 21d. HOW DID INJURY OCCUR? | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? | | | |
| 22. I hereby certify that I attended the deceased from 6-2-54 to 6-27-55, that I last saw the deceased alive on 6-26-55, and that death occurred at 12:30 P.m., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE Delma Gecken | | (Degree or title) M.D. | | 23b. ADDRESS Owensville, Mo. | | 23c. DATE SIGNED 6-27-55 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) burial | | 24b. DATE 6-29-1955 | | 24c. NAME OF CEMETERY OR CREMATORY Bethel Cemetery | | 24d. LOCATION (City, town, or county) (State) Bay, Mo. | |
| DATE REC'D BY LOCAL REG. 6-2-55 | | REGISTRAR'S SIGNATURE Delma Gecken | | 442-25. FUNERAL DIRECTOR'S SIGNATURE Milford H. H. Winter | | ADDRESS OWENSVILLE | |

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEB 20 1956

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by, Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
Michael H. H. Winter

Licensed Embalmer No. *38*

P. O. Address... *OWENS*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.